Incorporating Lean Concepts Into A Patient Safety Program
Adventist Rehabilitation Hospital of Maryland

Program/Project Description.
We, at Adventist Rehabilitation Hospital of Maryland (ARHM), realized that we had not been successful in reducing the number of patient falls and felt that the main reason was that, although we did a fall huddle, we did not get to the root cause of why the patient fell. Therefore, we addressed the symptoms and left the cause untreated. We then decided to borrow a page from the Toyota Production System and use a tool called the 'Five Whys'. This tool employs the practice of asking the question ‘why’ repeatedly to get beyond the symptoms and identify the root cause. Taiichi Ohno, who is the single person most responsible for the formation of the Toyota Production System said, "To tell the truth, the Toyota Production System has been built on the practice and evolution of this scientific approach. By asking 'why?' five times and answering it each time, we can get to the real cause of the problem, which is often hidden behind more obvious symptoms. Five 'Whys' equal one 'How'"

Process.
With the old process the team who took care of the patient was not consistently a part of the fall huddle and, therefore, we lost valuable information and input. The new program, which began on August 15, 2010, aimed to include the whole treatment team. We first identified and trained facilitators who would facilitate the process during the pilot phase of the program. The facilitators were from various departments ranging from business development to therapy to operations. When a patient falls the nurse caring for that patient calls the administrator on call (AOC) and the AOC then asks the traditional questions such as is the patient injured, was care rounding done, what interventions have been put in place, has the fall been entered into Hercules etc. The AOC then notifies the facilitator for the day (we have a calendar and the facilitators have signed up) and the facilitator then facilitates the fall huddle. The fall huddles are held during pre-set times so the treatment team can adjust schedules and get coverage for their patients to allow for the 15 minutes that is allotted for the huddles. Once the root cause has been identified, the team brainstorms for ideas on how to prevent the fall from happening again. The team goes to where the fall actually took place and does a reenactment which helps to gain information and identify the root causes. The idea of going to where the work is done is another Lean concept and is called ‘Gemba’. The root causes are written on a laminated poster board so the information can be shared with all team members. The root causes are then also reviewed in the individual department staff meetings by the department managers.

Solution.
See above

Measurable Outcomes.
As shown below, our fall outcomes were very sporadic and not showing a sustained improvement. With the new fall huddle process, we hope to discover the root cause which will then guide us to find the specific actions to take to prevent falls.

Sustainability.
The facilitator group meets regularly to review and refine the process. We are scheduled to meet in November to review the five whys technique. The goal is that staff members will facilitate the fall huddles without the need for a facilitator.

Role of Collaboration and Leadership.
The Fall Prevention Team and the Executive Leadership Team together decided how the facilitators would conduct themselves and the mechanisms to share information learned. Members of the Executive Leadership Team, including non-clinical members, are also facilitators. Every patient fall is discussed in the daily census huddle run by the Executive Leadership Team and the root causes are discussed. Regular meetings were scheduled to evaluate progress, address issues, and share feedback from staff. Leadership at all levels were involved in moving forward and supporting the effort, as well as being very involved in the infrastructure of the facilitator program.

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